

## **McHenry County Sheriff's Office**

## **Application for Employment**

Return to: Human Resources Department 2200 N. Seminary Ave Telephone: (815) 334-4220 Woodstock, IL 60098 Facsimile: (815) 334-4648



E-mail: HumanResources@McHenryCountyIL.gov



We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, civil union status, national origin, ancestry, age, marital status, veteran status, or disability. We provide reasonable accommodation to employees and applicants with a disability to perform essential job functions. We welcome you as an applicant for employment. If the Answer is not applicable, insert "N/A" (Do not leave blank). An incomplete response of any question may result in rejection of entire application.

		Please Print		
Position Applied	d For		Date	
	Section I	GeneralInform	nation	
Name:				
Last Name		First Name	Middle Initial	
Address:		Street		
City		State	Zip (	Code
Mailing Address			·	
•				
(if different):Street		City	State	Zip Code
Home Telephone:		Cell Phone:		
E-mail:		Fax:		
F.O.I.D. (Firearms Owner ID) Card I	Number (IL Resid	ents Only):		
Have you previously worked for McI	Henry County?	I Yes III No If yes, give da	te(s):	
What date would you be available for	or work?			
Have you previously filed an applica	ation in the County	of McHenry or its elected o	fficials? Tyes No	
If yes, give date(s) and depart	artment(s):			
Are you legally eligible for employm	, ,			quired upon employment)
Are you available to work different s	hifts? □ Yes □	No		
If you are under 18 years of age, ca	n you provide req	uired proof of your ability to	work? 🔲 Yes 🔲 No	
Are you over the age of 21?  Yes		aware that applicants must have re	eached their 21st birthday on o	r before the date of
Are you able to perform the essentia (With or without a reasonable accommodation	•	sition safely and effectively?	Yes No	
Do you have any relatives or friends	currently employ	red by McHenry County? $\Box$	Yes 🖽 No	

## Section II BackgroundInformation

Being convicted of a cri such as age, time of the	me does not necessarily dis	qualify you from any posi nature of the offense, reha	nor traffic violations)?	a case-by-cas	
f yes, please explain:					
Secti	on III Educa	ition, Training	, Certificates & L	icenses	3
Schools	Name and Location	Graduate Yes/No	Major/Minor Course Work		of Degree ceived
High School			WOIR	Kei	Cerveu
College					
University					
Graduate or Professional					
Other educational, vocational school, internships, etc. (if job related)					
ist any foreign langu	ages you can speak, read	d, and/or write:			
	☐ Speak ☐ Rea	d 🗆 Write	☐ Spea	ık 🗌 Read İ	□ Write
	— ☐ Fluent ☐ God	od □ Fair ——	———— 🗖 Fluer	nt 🔲 Good l	Fair
	Section IV	Profession	nalReferences		
	are not related to you what names of supervisors li		our business or professiona t history.	al qualification	ns for the
Name	Occupation	Ado	Iress	Phone	Years Know
Name	Occupation	Add	Iress	Phone	Years Know
Name	Occupation	Ado	Iress	Phone	Years Know
Name	Occupation	Ado	Iress	Phone	Years Know

## Section V Employment Experience

- In this section, be sure to describe any education, training, and experience you have which provides the required knowledge, skills and abilities to perform the essential functions of the position for which you are applying.
- If a supplemental application, resume, certification or other information is required, it should accompany this application.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Job Title:	Start Date:	End Date:		
Employer:	Phone:			
Employer Address:				
If this is your current employer, may we contact them if you become	me a finalist for this position?  Yes	□ No		
upervisor: Number of people you supervised in this position:				
Reason for Leaving:				
Duties and Responsibilities:				
Job Title:	Start Date:	End Date:		
Employer:	Phone:			
Employer Address:				
Supervisor:	Number of people you supervised in thi	s position:		
Reason for Leaving:				
Duties and Responsibilities:				
Job Title:	Start Date:	End Date:		
Employer:	Phone:			
Employer Address:				
Supervisor:	Number of people you supervised in this position:			
Reason for Leaving:				
Duties and Responsibilities:				

Job Title:	Start Date:	End Date:				
Employer:	Phone:					
Employer Address:						
Supervisor:	Number of people you supervised in this position:					
Reason for Leaving:						
Duties and Responsibilities:						
Job Title:	Start Date:	End Date:				
Employer:	Phone:					
Employer Address:						
Supervisor:	Number of people you supervised in this position:					
Reason for Leaving:						
Duties and Responsibilities:						
Section VI Mi	ilitary Experience					
Have you previously served in the military?   Yes   No	/If Voc. a copy of form DD 214 must cop	company this application)				
	(II res, a copy of form DD-214 must acc	company this application)				
Branch of ServiceDates of Service						
Section VII Sig	nature and Release					
I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the McHenry County Sheriff's Department has the right to refuse to hire or immediately discharge me, at any time if it discovers that I have provided incomplete, untrue,						
or misleading answers or information in this application or on any other do						
I authorize the McHenry County Sheriff's Department and its agents, including authorized third parties to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations,						
educational institutions, and any other third party contacted by the McHenry County Sheriff's Department or its representatives, to release to the McHenry County Sheriff's Department any information they have regarding me without providing written notice to me. I authorize McHenry County Sheriff's						
Department to use any information in its possession concerning me for any purpose it deems appropriate. This includes disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the McHenry County Sheriff's						
Department from any liability in connection with such use or disclosure.	at I will be bound by rules regulations, policies	procedures, and other terms and				
I understand that if I am hired by the McHenry County Sheriff's Department, I will be bound by rules, regulations, policies, procedures, and other terms and conditions of employment. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may change from time to time, with or without notice to me. I also understand that this application is not a contract of employment and that employment may be contingent upon passing a drug test, criminal history/reference check or physiological/physical exam.						
Signature of Applicant	 	te				